

Date received by RESA:

BERRIEN REGIONAL EDUCATION SERVICE AGENCY
REVIEW of EXISTING EVALUATION DATA AND EVALUATION PLAN
(This form is used for ALL evaluations)

RESA Use Only
Assigned to:
File #:

Date: ___/___/___ Student: _____ D.O.B. _____ Male/Female Ethnic Group _____
(Last) (First) (Middle)

Resident District: _____ Operating District: _____

School: _____ Grade: _____ Native Language: _____
(Student) (Parent)

Parent(s)/Guardian: _____ Home Phone: _____ Business Phone: _____
(Mother / Father)

Street Address: _____ City & State: _____ Zip Code: _____

The purpose of this meeting is to determine what information is needed to determine (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> An initial eligibility for special education | <input type="checkbox"/> A change in eligibility for special education |
| <input type="checkbox"/> A continuing eligibility for special education | <input type="checkbox"/> Appropriate programs or services in special education |

IEP TEAM MEMBERS IN ATTENDANCE (Signatures)

Parent/Guardian: _____	Teacher (Spec. Ed.): _____
Student: _____	Evaluation Team Member: _____
District Designee: _____	Other: _____
Teacher (Gen. Ed.): _____	Other: _____

EVALUATION REVIEW (Must address each area)

Previous/Existing Evaluation Information	
Local & State Assessment Information Classroom data/observations	
Teacher & Provider Comments	
Parent provided evaluations and information	

SUMMARY OF DATA REVIEW

- Initial Eligibility** – See evaluation plan or no additional information is needed. (Complete appropriate documentation forms)
- Continuing Eligibility** – Based upon the review of existing evaluation data the IEP Team concludes that no new data is needed to determine continuing eligibility for special education as (**list area**):
- Other** (explain):

EVALUATION NEEDS

Additional evaluation information is needed to determine the following? (Check all that apply)

- The student’s need for new or continuing special education programs/services.
- Comprehensive evaluation requirements.
- The student’s present level of academic achievement and functional performance/educational need.
- The need to modify special education programs/services to meet goals and progress in general or modified curriculum.

EVALUATION PLAN

	Assessment Areas:	Information Needed	Position Responsible
	Academic Rate of Growth		
	Adaptive Skills		
	Cognitive Ability		
	Motor Ability		
	Observation		
	Social/Emotional Behavioral Functioning		
	Speech/Language Skills		
	Other		

The results of this Evaluation Plan will be reviewed at an IEP Team meeting to be held on or before ____ / ____ / ____

CONSENT

I, as parent/guardian, 1) have received a copy of Special Education Parent Handbook, 2) understand the contents of this plan, 3) understand that I may request a comprehensive evaluation related to the disability of my child (choose one):

- I consent to the proposed evaluation plan.
- I consent to the proposed evaluation plan that is more frequent than one calendar year. Date of last evaluation _____
- I **do not consent** to the proposed evaluation plan (explain concerns): _____

Parent/guardian Signature: _____

Date: _____

Administrative Signature: _____

Date: _____

THIS FORM MUST BE RETURNED TO THE RESA WITHIN 5 SCHOOL DAYS